



MAJOR SOURCE OPERATING PERMIT APPLICATION
COMPLIANCE DEMONSTRATION BY FUEL SAMPLING AND ANALYSIS

1. FACILITY NAME:	2. STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION (S):	
3. EMISSION SOURCE (IDENTIFY):		
4. POLLUTANT(S) BEING MONITORED:		
5. FUEL BEING SAMPLED:		
6. LIST THE FUEL SAMPLE COLLECTING AND ANALYZING METHOD USED (IF AN ASTM METHOD IS NOT APPLICABLE, PROPOSE A METHOD ACCEPTABLE TO THE TECHNICAL SECRETARY).		
7. COMPLIANCE DEMONSTRATION FREQUENCY (SPECIFY THE FREQUENCY WITH WHICH COMPLIANCE WILL BE DEMONSTRATED):		
8. PAGE NUMBER:	REVISION NUMBER:	DATE OF REVISION:

INSTRUCTIONS FOR APC FORM V.25
COMPLIANCE DEMONSTRATION BY FUEL SAMPLING AND ANALYSIS

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. IF THERE IS ADDITIONAL INFORMATION THAT WILL NOT FIT ON A FORM, PLEASE DECLARE THE INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

ONE FORM SHOULD BE COMPLETED FOR EACH FUEL SAMPLING AND ANALYSIS SYSTEM THAT IS BEING USED TO DEMONSTRATE COMPLIANCE.

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION TO DEFINE ALTERNATIVE OPERATING SCENARIOS OR DEFINE PERMIT TERMS AND CONDITIONS ALLOWING EMISSIONS TRADING UNDER A FEDERALLY ENFORCEABLE EMISSIONS CAP TO BE ESTABLISHED IN THE PERMIT, PLEASE DECLARE THE INFORMATION ON AN APC FORM(S) OR ON ADDITIONAL SHEET(S). UNLESS OTHERWISE REQUESTED AS A LIMITING CONDITION, PERMIT IS BASED ON 8,760 HRS/YR.

ITEM 2 PROVIDE THE STACK IDENTIFICATION NUMBER OR ID OF THE STACK WHICH EXHAUSTS THIS EQUIPMENT. THIS NUMBER SHOULD ALSO APPEAR ON THE APC FORM V.3.

ITEM 3 IDENTIFY THE EMISSION SOURCE.

ITEM 4 IDENTIFY POLLUTANTS.

ITEM 6 DESCRIBE HOW THE FUEL SAMPLING AND ANALYSIS (FSA) WORKS.

ITEM 7 THE FREQUENCY WITH WHICH THE FSA PROCEDURE IS PERFORMED IS RELATED TO THE COMPLIANCE STATUS OF ITEM 4.

ITEM 8 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".